

Rideshare Program Application



Yes, I'm interested in the Rideshare Program. I understand that by completing this application, I am under no obligation to join any ridesharing arrangement. No fees will be charged to me, and all information given by me will be confidential.

First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Would your daily commute originate at the above address? ☐ Yes ☐ No

Alternate Starting Address _____

Employer Name _____

Building Name/Destination Address _____

How do you usually get to work?

☐ Drive Alone ☐ Carpool ☐ Bus ☐ Train ☐ Walk
☐ Bicycle/Motorcycle ☐ Vanpool ☐ Other

Would you like to join a carpool ☐ or a vanpool? ☐

Would you ☐ Drive ☐ Ride ☐ Both?

Arrive at work _____ AM/PM Leave work _____ AM/PM

Are your hours flexible by at least 30 minutes? ☐ Yes ☐ No

Home Phone _____ Work Phone _____

Would you like information on: ☐ Transit ☐ Bicycling ☐ Telework

How did you hear about the rideshare program? _____

Mail completed application to: Traci McPhail, Transportation Marketing Coordinator
Baltimore City Department of Transportation
417 E. Fayette Street, Room 559, Baltimore, Maryland 21202
or fax to 410-547-1036